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ABSTRACT

During the 1994-95 school year, the Wake County Public School System (WCPSS) used a grant from the North Carolina Department of Public Instruction to implement a pilot intervention/prevention program that would enhance, through coordinated services, the educational attainment of at-risk students. The program included two major components--a collaborative student support team at six elementary and three alternative schools, and the addition of late-afternoon and evening courses at Phillips High School. This report describes the Student Support Team/Collaborative Model (SST/CM), its accomplishments, and its effectiveness. Data were gathered through observation, individual and group interviews, analysis of student case data, staff surveys, client summary reports, a telephone survey of participating parents, and a survey of the high school students. Findings show that 49 percent of the staff in the pilot schools saw an increase in the use of school-based interventions and 61 percent saw an increase in the use of community resources to help students with academic and behavioral problems. Approximately 70 percent of the interventions recommended by the elementary-school student-support teams were judged to be moderately or very effective by program chairpersons. Recommendations were made to: (1) resolve difficulties related to schedule coordination, communication, team size, and case management; (2) provide voice-mail communication for chairpersons; (3) include site-specific staff development; (4) involve more volunteer mentors and define mentors' and classroom teachers' roles; and (5) seek more effective ways for implementing family-support activities and reaching more parents. A wider range of interventions were being utilized; however, further study is needed to assess whether interagency collaboration has improved student-assistance efforts. Fourteen figures are included. Appendices contain a figure of the SST/CM model and a comparison of practices in the six pilot schools. (LMI)

ED 390 126

EVALUATION REPORT: 1994-95 INTERVENTION/PREVENTION GRANT

CAN INTERAGENCY COLLABORATION IMPROVE STUDENT ASSISTANCE EFFORTS?

Department of Evaluation and Research
Wake County Public School System

September, 1995

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CAN INTERAGENCY COLLABORATION IMPROVE STUDENT ASSISTANCE EFFORTS?

REPORT SUMMARY FOR E&R REPORT NO. 96.04

Authors: Susan D. Levy and Charles N. Dulaney

The Wake County Public School System (WCPSS) used a grant from the North Carolina Department of Public Instruction to implement a pilot Intervention/Prevention Program during the 1994-95 school year. The program included two major components:

- The establishment of a collaborative student support team (SST/CM) at six elementary and three alternative schools (see box); and
- The addition of late afternoon and evening courses at Phillips High School.

Student Support Teams used a collaborative model (SST/CM) to develop classroom, family, and human service interventions to meet the needs of students identified as having difficulties in school.

Components of the SST/CM included:

- Combining school-based staff (teachers, counselors, administrators, psychologists, and social workers) with community-based staff (clinical social workers and nurses) in regular meetings;
- Providing family support services to parents and family members of students identified by SSTs as needing family interventions;
- Providing paid mentors employed by the Wake County Department of Mental Health for students identified as being at high risk of school failure.

A Coordinating Committee met monthly and guided implementation of the grant. The committee was composed of representatives of WCPSS, the Wake County Health Department, the Wake County Department of Mental Health, Developmental Disabilities, and Substance Abuse Services, and Communities In Schools.

A full-time Home/School Facilitator directed SST/CM activities at six elementary schools (Cary, Creech Road, Lincoln Heights, Powell, Smith, and Zebulon) and a part-time Home/School Facilitator directed SST/CM activities at the alternative schools (Phillips High School, Longview School, and Mount Vernon Redirection.) The Phillips evening component was directed by the principal of Phillips High School.

ACCOMPLISHMENTS

1. Phillips High School Extended Academy operated from 3:00 to 8:00 pm Monday through Thursday throughout the 1994-95 school year, serving 151 students in the extended day component.

2. Student Support Teams in the six elementary schools served 265 students from December 1994 to April 1995, using approximately three intervention strategies with each student.

3. Ten paid mentors were hired and trained by the Wake County Department of Mental Health in November 1994

and served 32 elementary students and 11 alternative school students from December 1994 to May 1995.

4. Staff from the three alternative schools made modifications to their unique student referral and review processes during the spring semester.

5. Implementation manuals and videotapes about SST implementation were prepared at the end of the 1994-95 school year and disseminated to all WCPSS schools for use in 1995-96.

FINDINGS

- About half of the staff in SST/CM schools saw an increase in the use of both school-based interventions (49%) and the use of community resources (61%) to assist students who had academic and behavioral problems.
- Elementary SST/CM members focused upon a broad range of intervention strategies, recommending classroom instructional interventions for more than 80% of students, while utilizing placement in special education settings for only 35% of referred students.
- Approximately 70% of the interventions recommended by the elementary school SSTs were judged to be moderately or very effective by SST/CM chairpersons.
- Significant variation existed across schools regarding SST/CM characteristics such as membership, frequency and duration of meetings, and information gathering strategies.
- SST/CM members reported difficulties related to conflicting meeting times, inability to contact some team members, and the time needed for case management.
- Family support interventions were recommended for 36 families, and those interventions all required individual consultations. Group activities for parents involved 2-5 participants per session.
- While I/P staff development was rated as excellent or good by most participants (73%), project staff perceived a need for training targeted to the needs of individual schools.

RECOMMENDATIONS

- Principals and SST/CM team members should identify ways to resolve difficulties related to coordination of schedules, communication, team size, and case management.
- Voice-mail should be provided for SST chairpersons to facilitate communication and the transfer of confidential information.
- Some staff development should be site-specific and based upon a school's special needs.
- Ways should be developed to involve more volunteer mentors and to more clearly define the role and responsibilities of both mentors and classroom teachers.
- Because of the central role of families in developing "resilient" students, project staff should continue to look for more effective and efficient ways to implement family support activities, and to reach more parents.

CONCLUSION

After the first year of implementation of the I/P grant, it is clear that a wider range of interventions are being utilized, but continuing study will be needed to assess whether or not interagency collaboration is improving student assistance efforts in the pilot schools.

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PROGRAM DESCRIPTION

BACKGROUND

In August, 1994, Wake County Public School System (WCPSS) received a $447,025 Intervention/Prevention (I/P) grant from the North Carolina Department of Public Instruction to implement an innovative pilot program that would enhance, through coordinated services, the educational attainment of students who are at risk of school failure. During 1994-95, the WCPSS program was implemented with two major components:

- A Student Support Team-Collaborative Model (SST/CM) was formed in six elementary and three alternative schools. The teams combined school-based and community-based efforts by including both school personnel and personnel from the Wake County Department of Mental Health, Developmental Disabilities, and Substance Abuse Services (WCMH) and the Wake County Health Department in each school's student support team.

- The expansion of Mary E. Phillips Alternative High School to include evening classes and related support services.

Prior to the 1994-95 school year, school-based interventions for students identified as having academic problems in WCPSS were generally limited to individual assistance from teachers, school counselors, and psychologists, or classroom teacher referrals to each school's Assistance Team (AT). Assistance Teams performed educational screenings, recommended students for further psychological assessment, and facilitated the placement process for students who qualified for special education programs.

In fall 1994, WCPSS replaced the AT model with the Student Support Team (SST) model in an effort to encourage the adoption of a holistic perspective of students and to promote collaborative, multidisciplinary intervention plans. The intent of the SST model was to meet a wide range of social and educational needs including, but not limited to, the use of special education resources. An outline of the SST model (see Attachment 1) was presented to every school principal, but training in SST implementation was limited to the nine I/P grant schools. The intention was to incorporate the experience of the I/P schools in the development of training materials for other schools.

Six elementary schools (Cary, Creech Road, Lincoln Heights, Powell, Smith, and Zebulon) were selected to participate in the I/P program through a competitive application process. Selection criteria included location, participation in free/reduced lunch programs, racial/ethnic diversity, attendance rates, suspension rates, End-of-Grade (EOG) Test scores, and school readiness and interest. The school system's three alternative schools, Mary E. Phillips High School, Longview School, and Mount Vernon Redirection, participated in the program because of the unique needs of their students and a desire to stimulate greater collaboration between community agencies and those schools.

EVALUATION DESIGN

Evaluation activities during the 1994-95 school year concentrated on analysis of the process used within each grant-supported school and component. The long-term effectiveness of the new model will ultimately be shown by outcome indicators such as student attendance, student achievement measures, student suspension rates, and the need for special education services for students. Significant changes in these indicators were not anticipated during the initial year of the program, and data collection in these areas will continue through the 1995-96 school year.

The objectives for the I/P grant were to:

- Broaden the range of interventions utilized by school-based Student Support Teams;
- Increase collaboration between school personnel and community agency personnel;
- Reduce Special Programs placements by revising the structure of school intervention teams and adopting a holistic diagnostic and intervention structure;
- Help at-risk students obtain credits toward graduation by implementing late afternoon and evening classes at Phillips High School.

Primary evaluation questions included:

- How was the SST/CM implemented in the nine pilot schools, and what difficulties were encountered in implementing SST/CM?
- How did implementation of the SST/CM impact interventions for at-risk students?
- How effective were the interventions implemented by SST/CM teams?
- How many students participated in Phillips Extended Academy?
- How did students and staff perceive the effectiveness of the Extended Academy?

DATA SOURCES

Between January and July 1995 an independent consultant collaborated with WCPSS evaluation staff to collect and analyze data related to implementation of the I/P grant. The consultant visited all nine participating schools on multiple occasions to obtain information about program implementation. She observed SST/CM meetings and conducted individual interviews with key program staff at each site. She also conducted group interviews with some Intervention/Prevention specialists who were assigned to more than one school, such as public health nurses, family support staff, and mentors.

In addition to interviews and observations, the following data sources were utilized:

- **Individual case data:** In April 1995 the evaluation consultant collected information related to 265 students discussed by SST/CMs in the six grant-supported elementary schools between September and April. SST/CM chairpersons reported on the types of concerns that led to referral of students and the perceived effectiveness of the interventions identified for each student. SST/CM chairpersons based their reports upon case records

and personal knowledge of each student's situation. The ratings reveal general perceptions of short-term program effectiveness for each student. Case data were not collected from alternative schools because adaptation of the model to their specialized environments involved frequent changes in SST/CM practices during the data collection period.

- **Fall 1994 and spring 1995 staff surveys**: In fall 1994 a brief written survey was administered in the six elementary schools participating in the Intervention/Prevention grant program. The purpose of this survey was to understand staff experiences and opinions about the intervention process used before the introduction of the SST/CM. In spring 1995 a supplement to the annual WCPSS staff survey was administered in the nine schools participating in the grant and in six matched elementary schools. Most questions were similar to ones used in the fall survey, asking staff to rate the effectiveness of their school's SST/CM for students with academic, behavioral, and family concerns.

- **Mentor program client summary reports:** One of the interventions available to SST/CM teams was the assignment of a paid mentor employed by WCMH. Six of the ten mentors employed during the year completed descriptive reports for 23 of the 30 elementary students to whom mentors were assigned. These *Client Summary Reports* included data concerning the amount of time mentors spent with students, resiliency scores, treatment goals, and perceived progress towards these goals. Mentors also provided subjective ratings of staff cooperation with respect to developing and implementing interventions for each student. The evaluation consultant collaboratively developed this form with a mentor coordinator to provide data for case management as well as program evaluation purposes.

- **Family support program participant telephone survey:** A small group of parents and other family members involved in family support activities in the six grant elementary schools participated in a brief telephone survey in June 1995. A trained school administrator (affiliated with a non-grant school) interviewed 14 out of 16 (87.5%) family members identified by Family Support staff, who obtained permission for an interviewer to contact the family. Telephone interviews lasted about 13 minutes on average and included questions about the types of contact with family support staff, concerns addressed, impact upon children and family members' well being and relationships with school staff, and parents' suggestions for program improvement.

- **Phillips High School spring 1995 student survey:** In April 1995 Phillips High School staff administered a specially designed survey to students in day and evening programs. Multiple choice and open-ended questions explored reasons for enrollment, use and satisfaction with student support services, perceived attention to individual academic needs, and opinions about school effectiveness and interpersonal relations.

SELECTION OF CONTROL SCHOOLS

Six elementary schools were identified that were similar to the six grant-supported elementary schools. Selection criteria included the variables used to select the grant schools described

earlier as well as school size, a general student-teacher ratio, and a measure of the proportion of students involved in special programs associated with below grade level achievement. No attempt was made to identify controls for the three alternative schools because of their unique programs. When appropriate, results discussed in this report compare data from the six grant-supported schools with data from the six control schools.

STUDENT SUPPORT TEAM/COLLABORATIVE MODEL

PROGRAM DESCRIPTION

Each of the nine schools participating in the Intervention/Prevention grant program established a Student Support Team (SST/CM) that used a collaborative model in which county public health, mental health, and social services personnel were regular participants. The goal of the SST/CM process was to design individualized intervention strategies for targeted students who were considered at risk of failure in school by teachers or parents.

The SST/CM process replaced an Assistance Team (AT) process in which a team of professionals in each school discussed students who were seen as needing special assistance or intervention. Over time, the AT process came to be regarded primarily as a way of placing students in special education programs. The AT seldom had regular contact with other community agencies, and representation on the team was limited to school psychologists and special education personnel.

In creating the SST/CM process, an effort was made to broadly define the types of students who might be served by the process and the interventions that might be used, which might include varied instructional practices, family contacts, or special agency services. It was felt that it was very important to achieve broad representation on the team that would discuss student referrals and that teams utilize a careful assessment of each student's strengths as well as weaknesses.

WCMH personnel encouraged the use of the concept of "resiliency" in the SST/CM process. Resiliency theory encourages the identification and strengthening of factors in a child's environment that support eventual success in school, rather than a focus upon negative factors. A resiliency assessment instrument developed by WCMH personnel was used in the referral and review process for some students.

Two Home-School Facilitators, one full-time for elementary schools and one part-time for alternative schools, provided ongoing technical assistance to each participating school. They regularly attended SST/CM meetings, provided administrative support, planned training and staff development opportunities, served as a liaison to community coordination team members, and oversaw the expenditure of I/P grant funds. In May 1995, the Home-School Facilitators led the development of an SST implementation manual and videotapes planned for use in dissemination of the model to non-I/P schools.

TRAINING FOR TEAMS

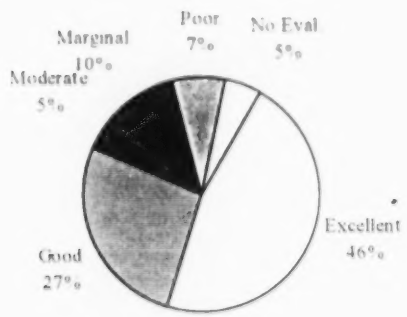
After six elementary schools were chosen to participate in the I/P program in September 1994, representatives attended a one-day seminar which included an overview of the grant program, an introduction to the new SST/CM concept, and a presentation about mental health interventions based on theories of student resiliency. In November, an independent educational trainer/consultant conducted a three-day workshop titled "Collaborative - Alternatives for Children" which included information about team development and ways to match instructional strategies to different student learning styles. In February 1995, a consultant presented a workshop to representatives of each SST/CM on strategies for involving parents and family members in the SST/CM process. All workshops were repeated for alternative school staff in January, February, and March 1995, and SST/CM representatives were encouraged to adapt the collaborative model to team-based practices already used in each of the three specialized educational environments.

Participant evaluation forms were completed by 25 participants at the close of the Grant Orientation Workshop held in September 1994, and included the question "What have you learned?" Responses indicated that the workshop improved general understanding of:

- The grant program structure (36%);
- The new SST/CM model (32%);
- Resiliency theory and the mental health services component (28%); and
- The involvement of community resources (24%).

Information needs reported most frequently at the conclusion of the orientation workshop included a need for more specific suggestions for SST/CM staff roles and procedures (36%), how to orient school staff to the new model (20%), and more details about the family support (16%) and mentor programs (16%).

Figure 1 . Participant Evaluations of SST/CM Workshop on Collaborative Alternatives



N=41

Most participants in the November workshop on collaborative alternatives completed evaluation forms, and rated the workshop as "excellent" or "good" (see Figure 1). Participants frequently reported intentions to use student and staff assessment tools introduced in the workshop such as a learning styles inventory and a teaching styles questionnaire. Additional training needs commonly cited included workshops for each school's entire faculty on the topics covered by the presenter, which included ways to diagnose student strengths, needs, and learning styles and ways to match instruction to the needs of individual students. Requests were also made for more specific examples of interventions.

The Elementary Parent Partnerships Workshop was attended by several members of each SST/CM team, but only 10 evaluation forms were completed. Six participants identified the workshop as excellent and four as good, and six indicated the content was very interesting and personally beneficial. Written comments indicated that staff enjoyed learning new meeting facilitation skills and techniques for supporting teachers as they worked with parents in the SST/CM process. When asked about the types of support needed to implement parent involvement strategies, participant responses included staff training, support from school administrators, and resources such as planning time and substitute teachers.

According to both Home-School Facilitators, more time for school-based needs assessment prior to the development of training activities would have been helpful. School training needs varied according to the school's stage of team development, characteristics of their student population, school culture, and community resources. As many staff members observed, each team required time to develop a basic understanding of the collaborative model before training in specific skills was likely to be effective.

The alternative schools might have benefited from a more individualized needs assessment process given their limited staff resources, unique educational practices, and high-risk student populations. For example, team participation in training sessions during class hours sometimes required a relatively large proportion of personnel to be away from campuses for which few substitutes were generally available. Moreover, collaborative planning activities in these schools tended to emphasize access of community resources rather than instructional strategies.

ELEMENTARY STUDENTS SERVED BY THE SST/CM COMPONENT

The evaluation consultant obtained 265 individual SST/CM case records from the six elementary grant schools in late April 1995. The number of cases reported by each school ranged from 24 to 77, and included all students discussed by team members at least once during the 1994-95 school year as of the data collection date. Information in Figure 2 shows some of the characteristics of students served by the SST/CM component. Elementary SST/CM students were more likely than the total population in the six schools to be:

- From grades K-2 (62%) than from grades 3-5(33%);
- African-American (58% of SST/CM cases compared to 40% of school enrollment) ;
- Male (65% of SST/CM cases compared to 51% of school enrollment); and
- Involved in an exceptional children program other than AG (32% of SST/CM cases compared to 13% of school enrollment).

Figure 2. Characteristics of Students Referred to SST/CM in 1994-95

		GRADE LEVEL						
	(N)	K	1	2	3	4	5	SC
Six I/P Elem. Schools	4200	18%	17%	16%	16%	16%	14%	4%
Elem SST/CM Clients	265	20%	21%	21%	14%	13%	6%	5%

		GENDER		RACE		
	(N)	Male	Female	Black	White	Other
Six I/P Elem. Schools	4200	51%	49%	40%	58%	3%
Elem SST/CM Clients	265	65%	35%	58%	41%	1%

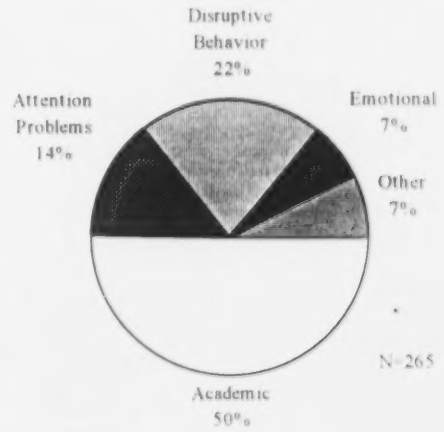
	(N)	No Special Program	Academically Gifted	Learning Disabled	Other Program
Six I/P Elem. Schools	4200	80%	7%	6%	7%
Elem SST/CM Clients	265	68%	1%	12%	20%

REASONS FOR REFERRING STUDENTS TO SST/CM

Nearly all students (91%) discussed by SST/CMs were referred by their classroom teachers. Only 6% of cases were reported to be initiated upon parental request.

As shown in Figure 3, the primary concern most frequently reported by school staff for students referred to SSTs was *academic* (50%), followed by *disruptive behavior* (22%), and *attention problems* (14%).

Figure 3. Primary Concerns Leading to Referral of Students



Additional concerns were reported for three fourths of all students discussed by SST/CMs. Chairpersons identified *family issues*, *emotional concerns*, and *attention problems* as the most common secondary concerns for students.

Differences were noted between students whose primary concern was academic and students whose primary concern was behavioral. When behavior was a primary concern, family issues and emotional concerns were more frequently cited as secondary concerns. *Family issues* was identified as a secondary concern for about two-thirds (63%) of students for whom behavior was a primary concern compared to only about one third (37%) of students for whom academic concerns

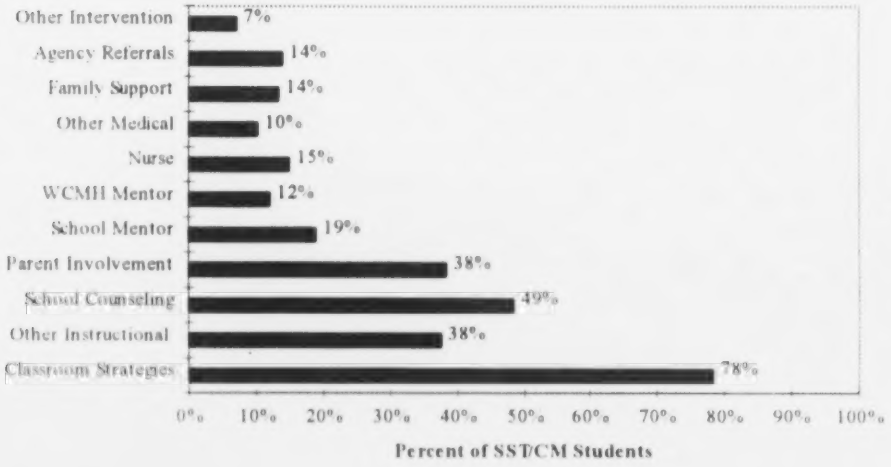
were primary. *Emotional concerns* was identified as a secondary concern for over half (57%) of the students for whom behavior was the primary concern compared to slightly over one fourth (29%) of students for whom academic concerns were primary.

INTERVENTIONS USED BY SST/CM TEAMS

About one third (35%) of students brought to SST/CM were involved in one full team discussion, while slightly over one fourth (29%) were the subject of two discussions. Smaller percentages were discussed in three or more meetings. According to SST Chairpersons, an average of three interventions were implemented for each student, with five or more different interventions used in almost one third (31%) of cases.

As shown in Figure 4, the most frequently used intervention was modification of classroom strategies, which was tried for the vast majority (78%) of the 265 SST/CM students. Other common interventions included counseling with school psychologists or guidance counselors (49% of students), other school-based instructional strategies such as a tutor or new teacher (38%), and parent involvement strategies (38%).

Figure 4. Types of Interventions Attempted For 265 SST/CM Students



Significant differences were reported between schools in the use of specific interventions. (See Figure 5.) In some cases, these differences reflected the availability of specialized programs that were established in schools prior to implementation of the SST/CM model. Creech Road, for example, had a student-teacher buddy program in place prior to SST/CM implementation, and school-based mentors (a different type of intervention than the WCMH mentors described on page 12) were reportedly assigned to more than one third (38%) of SST/CM students. Significant usage of school-based mentors was also reported by Smith (28%) and Cary (21%) which both have tutorial and buddy programs. In comparison, only a few students were

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reported to have received school mentors in Lincoln Heights (8%) and Zebulon (8%), and none were reported in Powell.

Figure 5. Percentage of Students Receiving Specific Interventions

	N	Classroom Strategies	School Counseling	Parent Involvement	School Mentor	Nurse
Cary	62	98%	73%	63%	21%	23%
Creech Rd	77	87%	39%	25%	38%	4%
Lincoln Hts	40	23%	38%	5%	8%	8%
Powell	24	75%	54%	25%	0%	33%
Smith	36	97%	64%	72%	28%	17%
Zebulon	26	85%	35%	50%	8%	31%
Total	265	80%	51%	40%	22%	16%

N = The total number of students discussed by the SST/CM at that school.

Differences between schools in the use of various interventions also seem to be related to the way in which each school structured their SST and sharing of information within the SST. The low figure for use of classroom strategies (23%) reported by the SST/CM chairperson at Lincoln Heights may be related to the use of a separate subcommittee consisting of the classroom teacher and a grade level faculty member to review and implement academic strategies. The SST/CM chairperson may have been unaware of the actions of the subcommittee.

THE SST/CM FAMILY SUPPORT SERVICES

The Family Support program identified two psychologists, two social workers, and one public health nurse who, in addition to serving on the SST/CM, assisted families of elementary students identified in the SST/CM process.

After receiving student referrals from the SST/CM, staff independently contacted parents or family members to offer assistance, encourage their involvement in the SST/CM process, and request information about the child and family's situation. Staff reported that they visited homes and invited family members to support group meetings held at the school or other locations within the community. They also organized meetings, individually recruited participants, invited guest speakers, distributed educational materials, facilitated group discussions of participants' concerns, and served as parent advocates.

Data regarding family support was not collected, and the exact number of parents and families served by this program component is not known. Data from SST/Chairperson reports suggest that this intervention was planned for about 15% of cases for which data were available (approximately 40 students in the six grant elementary schools). This number is likely to underestimate family support casework because it is based upon only one person's knowledge of staff activities.

DECENTRALIZED SERVICE DELIVERY

The original vision of family support services called for school staff and the Home-School Facilitator to be based in a centralized location along with educational resource materials. However, program administrators decided this service delivery model was impractical given the geographic diversity of the participating schools. Family Support staff used the resources at each of the six elementary school sites to contact parents and hold individual conferences and group meetings. They traveled between schools, community sites, and family homes as needed.

The elementary Home-School Facilitator's role was modified in practice as well. The centralized service delivery plan called for this position to provide direct services to families in collaboration with other staff members at the central site. In practice the Home-School Facilitator provided assistance by helping SST/CM teams develop skills that promoted effective involvement of parents in SST/CM meetings. In one school she intensively assisted the SST/CM in the development of new organizational procedures and student referral methods. She also maintained close contact with family support staff in schools, conducted periodic group staff meetings, and developed a collection of educational resource materials.

PARTICIPATION FACTORS

All family support staff described spending significant amounts of time providing individual consultations. Individual meetings allowed staff to address family members' specific needs in a relatively confidential situation that promoted personal disclosure. Individual meetings and phone calls allowed parents to request assistance as family situations or students' needs changed. Consultations allowed staff to accommodate parents' work schedules and other situational constraints such as limited transportation and child care responsibilities.

In addition to scheduling and logistical constraints, staff also reported emotional barriers to participation. In those cases parents were unwilling to become involved because of negative personal experiences in schools or past difficulties related to other children in their family.

Staff reported that it was particularly difficult to recruit participants for group meetings. Passive methods such as flyers and school announcements received few responses. Individual recruitment generally met with limited success as well. One counselor observed that the families who most needed assistance were dealing with serious personal issues for which individual consultation was most appropriate.

Group meetings usually drew 3-5 participants, and most staff agreed that successful group programs were "needs based" and organized around specific concerns of interest to selected parents. Other factors that promoted successful group meetings included holding the meeting at a community location that participants preferred (e.g. community center or church) and holding meetings at a facility that provided tutoring and child care services. Some staff invited guest speakers from local agencies to meetings, an approach which expanded participants' knowledge of additional sources of family support in their community.

MENTOR PROGRAM

Thirty-two elementary students and eleven alternative school students received Mental Health mentors during the 1994-95 academic year through the Intervention/Prevention grant. Identification and assessments of most students recommended for the mentor program were not completed until December. A number of factors related to the implementation calendar contributed to this situation. During the late fall and early spring, SSTs, the sources of mentor referrals, revised school-based referral procedures and were engaged in team development processes. In addition, initial staff knowledge about mental health interventions and resources provided by the grant was limited.

Ten local college graduates and graduate students with training in psychology or counseling were recruited to serve as mentors, and two mentor coordinators were hired. In November 1994, mentors participated in 22 hours of training on WCMH procedures and conflict resolution, and mentors observed other school-based mental health personnel before working with students. All mentors received a minimum of 45 minutes of individual supervision per week, and mentors assigned to elementary schools participated in weekly group meetings as well. Although only one elementary mentor was dismissed, two out of three alternative school mentors left, one for performance reasons and another for new employment.

Only three of the ten mentors were males, and two of the males left the program during the year. Mentor coordinators recommended the recruitment of more male mentors since many clients did not have many male role models in their lives.

STUDENTS SERVED BY MENTORS

The demographic characteristics of elementary students receiving mentor services were very similar to the characteristics of all of the students served by the SST/CM program. Approximately two thirds were male and two thirds were African-American. In addition to working with individual clients, mentors also facilitated group counseling sessions with a small number of students in the I/P program schools.

Mentor coordinators reviewed the needs of students identified by school staff as at risk for school failure by conducting assessments of resiliency, using an instrument designed by WCMH personnel. In most cases, the mentor coordinator completed the resiliency instrument by gathering information about a student's personal experiences from multiple sources, including teachers, counselors, and family members. Although this instrument was regarded as useful for guiding the development of intervention plans, it yielded inconsistent scores, depending on the quality of information available and the experience of the staff who administered it. Students classified as high risk were eligible for the mentor program and other mental health services based on need, following standard WCMH policies.

Disruptive behavior was the most frequently cited primary concern for elementary students served by the mentor program (53%), followed by emotional (18%), academic (18%), and

attention (11%) concerns. In comparison, among all elementary students discussed by SSTs, disruptive behavior was a concern for only 22% whereas academic concerns were identified for 50%.

Mentors estimated weekly treatment hours to average 4.4 hours per elementary student per week. Mentorship periods for these students averaged approximately 15 weeks.

COORDINATION WITH SST AND SCHOOL STAFF

Participating schools received mentor assignments in proportion to the size of their student memberships, with the exception of one school which placed fewer requests for mentors. In addition to working individually with students, mentors spent time in training activities organized by WCMH, in meetings with WCMH supervisors, participating in SST meetings, and assisting in classrooms. In several schools mentors led weekly support groups for identified students.

Mentors reported that communication with school personnel outside of SST meetings was sometimes difficult. Many school staff were not easily reached by telephone, and it was not appropriate to relay personal information via phone messages with other people.

Mentor program staff reported that school staff knowledge of the mentor program and mental health intervention varied considerably across schools and among individuals within schools. According to elementary mentors, while many school counselors and classroom teachers collaborated closely, others were less interested in becoming involved. Some mentors believed that some teachers were negatively influenced by lack of time to closely monitor a child, past frustrations working with a child, and distractions caused by the mentor's presence in the classroom. Mentors believed that other teachers did not understand the mentor's role and intervention techniques. No opportunity existed to interview teachers regarding their perceptions of the mentor program's strengths and weaknesses.

MENTOR ACTIVITIES

Although mentors did not follow a written role description or standard set of intervention practices, most interactions between mentor and students involved behavior modification. Mentors were expected to work with teachers to identify specific areas for improvement.

Examples of target behaviors for elementary students included:

- Reduce fighting,
- Reduce verbal defiance toward authority figures,
- Ride the bus to and from school without supervision,
- Control impulsive behaviors,
- Complete assigned tasks in class,
- Complete homework, and
- Be prepared for school.

Examples of target behaviors for alternative school students included:

- Stop cursing,
- Stop fighting,
- Go to school,
- Respect school staff,
- Control anger, and
- Have a positive attitude.

For elementary students, working on target behaviors may have involved teachers and mentors in monitoring and reinforcing positive behavior in the classroom with a reward system (e.g. sticker charts). In elementary classrooms, mentors often assisted children with attention difficulties by sitting next to them and helping them to focus on their current task. If a student's behavior became too disruptive, mentors would sometimes remove children from the classroom if the teacher permitted. This practice was sometimes used for children who experienced frustration during group work, in which case the mentor would provide individual coaching on peer interaction. Mentor activities outside of school were used to expose children to new experiences that allowed them to practice social skills and develop self-esteem. In addition, a few mentors conducted group sessions to give students opportunities to improve peer interactions.

The three alternative school mentors also focused on the development of social skills and behavior modification, but the development of trust and rapport with older students reportedly took a longer period of time as compared to elementary students. Mentors assisted some older students outside the classroom in a variety of ways, including accompanying them to clinic and court appointments as well as joining them in recreational activities. Some alternative school mentors facilitated school-based support groups that addressed topics such as peer relations and independent living.

VARIATIONS IN SST/CM IMPLEMENTATION

While all schools adopted the general model that emphasized holistic student needs assessment and multidisciplinary collaboration, each team structure and process reflected the diverse talents, expertise, and preferences of its members. All elementary schools used a student referral system which was used in the older AT model and in which classroom teachers identified specific concerns and initiated a more intensive review. This review started with an information gathering process which usually included parent conferences, peer review of instructional methods, and educational screening activities. Beyond this point in the process school differences were more pronounced. A comparison of elementary school SST/CM team structures and processes is provided in Attachment 2. Major areas of diversity included team size, parent involvement, and instructional strategy planning.

SIZE OF TEAM AND LENGTH OF MEETINGS

As shown in Attachment 2, the elementary SST/CM teams usually met weekly for periods ranging from 50 minutes in one school to more than three hours in another school. The size of teams ranged from 9 to 21 regular members. Many staff members expressed concerns about large teams because it was difficult to involve teachers and parents in group discussions without intimidating them, and because larger groups often required more meeting time for discussion and consensus development.

Staff interview data revealed several approaches used to reduce team size or to support teachers and parents as they participated in large group meetings. One school with a very large team (21 members on average) held a full team discussion to develop an initial intervention plan followed by subcommittee meetings (consisting of student's main classroom teacher, a grade level SST/CM representative, and other school or community members directly involved in student's intervention plan) with parents to discuss and monitor implementation strategies. Update reports were made to the full team by the SST/CM representative.

Other schools made special efforts in these meetings to be sensitive to the psycho-social needs of teachers and parents. Methods included "protecting the boundaries" of parents by increasing their comfort in asking questions and reminding them all personal disclosures of family history were voluntary, and asking teachers whether or not they preferred parent participation. Team chairpersons also used active facilitation styles and time management techniques to promote group decision making in large teams.

The Home-School Facilitator suggested eight members as an ideal team size in order to ameliorate duplication of staff roles. For example, although it was important to include regular education teachers as regular participants, team size could be reduced by having only one grade-level representative participate in discussions for each student. However, in one school a similar approach resulted in uneven case management obligations among grade-level representatives because most students discussed by SST/CMs were in the lower grades (K-2). Rotation of case management assignments or grade level participation responsibilities might have avoided this problem as well as promoted the staff development of more individuals within each school.

PARENT/FAMILY INVOLVEMENT

A major I/P grant objective was the involvement and support of parents and family members in the development and implementation of interventions. All schools attempted to involve parents in the SST/CM process, even if they were not invited to participate in the full team discussions. In most cases teachers communicated concerns to parents before they initiated a SST/CM referral. Occasionally, referrals developed from independent parental requests for assistance.

Staff views on the effects of direct parent/family involvement at large team meetings varied. Some staff teams were afraid to risk parents' alienation, whereas other staff valued parent participation and acknowledged that successful "partnering with parents" required parents' unique knowledge of their child's needs. Parent participation gave staff members the opportunity to ask them questions, and, as one staff member observed, parents' presence could also discourage staff members from being overly negative or judgmental.

A number of counselors described successful parental participation in meetings when they first developed a trusting relationships with parents and then accompanied parents to meetings and served as an advocate. Despite efforts by school staff, parents' involvement was often constrained by work schedules, transportation, and lack of interest due to negative past relationships with schools or school officials.

On the spring 1995 Staff Survey, teachers in the six I/P schools and six Control schools were very similar when they were asked to indicate how the involvement of parents and families in addressing the needs of students who have problems may have changed. In the I/P schools, 30% of staff indicated that parent involvement had increased, compared to 27% of staff in the Control schools.

PLANNING FOR INSTRUCTIONAL INTERVENTIONS

In the SST/CM process, classroom instructional practices were routinely reviewed by members of the school team. In most schools teachers consulted first with more experienced faculty in the same grade level to review current techniques and to obtain suggestions for new methods. In some schools teachers were encouraged to implement new strategies for a period of time before initiating a student referral. During the referral process, most teams routinely conducted some form of educational screening in order to obtain information about students' academic strengths and developmental levels. Although one school reviewed students with academic concerns in a separate team meeting led by a special education teacher, the other five schools reviewed educational screening information in the full team meeting. All of these teams included both special education and regular education teachers, and, in a few schools, instructional resource teachers (IRTs).

Observations of SST/CM meetings suggested that the degree of emphasis placed on exploring classroom practices in team meetings varied with respect to the professional expertise of the chairperson and other team members. Special educators and IRTs appeared to introduce instructional ideas into strategy planning discussions more frequently than school counselors or psychologists. During interviews a number of staff expressed preferences for IRT involvement, although the participation of IRTs was reportedly constrained by limited availability (most IRTs are assigned to each school on a half-time basis).

A majority of teachers in both the six I/P schools (57%) and the six Control schools (54%) agreed on the spring 1995 WCPSS Staff Survey that the SST/CM model was more likely to generate suggestions for classroom intervention strategies than did the Assistance Team model used the previous year.

EFFECTIVENESS

The effectiveness of the SST/CM process implemented through the I/P grant will ultimately be determined by the success of the students targeted for assistance through SST/CM. While most individual student outcome data is not yet available for analysis, interviews and surveys have yielded valuable information regarding the perceived effectiveness of various components of the process.

SST/CM Interventions

Figure 6 shows the categories of strategies utilized (ranked by their frequency of use) and the effectiveness ratings assigned to the strategies by the SST/CM chairpersons.

Figure 6. SST/CM Chairperson Rating of Effectiveness of Interventions

Intervention Used	(N)	Effectiveness Rating (Percent in each category)			
	(Number of times used)	Not Effective	Minimally Effective	Moderately Effective	Very Effective
Classroom Strategies	208	5%	30%	41%	24%
School Counseling	129	2%	22%	40%	36%
Other Instructional Strategies	100	6%	20%	48%	26%
Parent Involvement	102	4%	28%	36%	32%
School/Community Mentor	50	8%	24%	30%	38%
Mental Health Mentor	32	6%	13%	34%	47%
Nurse	40	3%	10%	23%	63%
Other Medical	27	4%	8%	19%	69%
Family Support Services	36	28%	25%	11%	36%
Agency Referrals	35	37%	9%	17%	37%
Other Intervention	9	0%	22%	33%	44%
Total Interventions	768	7%	23%	36%	34%

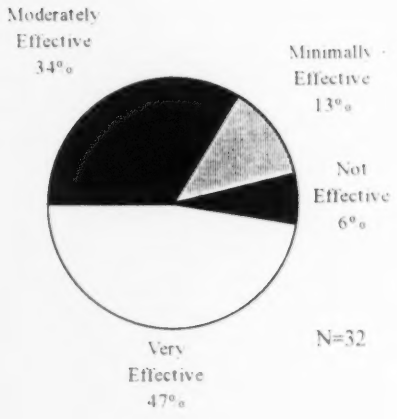
As shown, the most consistently effective interventions were utilization of the public health nurse or other medical interventions which were seen as moderately or very effective in 86% of the cases in which they were used. School counseling was moderately or very effective in 76% of the 129 cases in which it was used.

Alternative classroom strategies was the most commonly used intervention, but was regarded as not effective or minimally effective in 35% of the 208 cases in which it was used. The least effective strategy appeared to be family support, which was regarded as not effective or minimally effective in 53% of the 36 cases in which it was used.

MENTOR SERVICES

Mentors employed by WCMH were assigned to 32 elementary school students identified as "high risk" by SST/CM teams. The primary concern for the majority of these students was disruptive behavior. As shown in Figure 7, SST chairpersons reported that provision of a mentor to these students was an effective intervention most of the time. The intervention was regarded as very effective for almost half (47%) of the 32 elementary students with whom mentors worked, and considered to be not effective in only two of the cases.

Figure 7. SST Chairperson Ratings of Effectiveness of WCMH Mentors



FAMILY SUPPORT SERVICES

Sixteen families were identified by I/P program staff at the end of the school year as participants in family support activities. Staff contacted the parents and obtained permission for evaluation staff to contact the parent by phone to conduct a structured telephone interview. One question was whether or not they found the services of the Family Support program to be helpful. Responses were as follows:

- 65% stated that services were always helpful,
- 21% stated that services were usually helpful,
- 14% stated that services were sometimes helpful,
- No parent felt that services were rarely or never helpful.

The interviewed parents were asked to identify whether or not things had improved as a result of their involvement with the Family Support program. As shown in Figure 8, the most frequently cited area of improvement was the child's relationship with both the teacher (86%) and the parent (86%), followed closely by the child's emotional health (79%), home behavior (71%) and academic performance (71%).

Figure 8. Improvements Reported by Parents Who Participated in the Family Support Services of SST/CM

(N = 14)

Child's relationship with teacher	86%
Child's relationship with parent	86%
Emotional health	79%
Home behavior	71%
Academic performance	71%
Classroom behavior	64%
Parent's relationship with child's teacher	57%
Child's relationship with other family members	42%

Judgments of SST/CM chairpersons regarding the effectiveness of family support interventions varied dramatically by school. At one school, the chairperson judged family interventions to be very effective for all eleven students receiving family support. At another school, eight of the eleven family interventions were judged to be minimally effective or not effective. A third school reported three intervention efforts to be moderately or very effective and eight efforts to be minimally or not effective. Three of the schools reported using family support interventions with only one or two students.

It seems clear that family support activities made a significant difference for some children and their parents, but that results varied significantly depending upon the school and the staff assigned to provide family support. Some parents were reluctant to become involved with school personnel, and other parents did not participate in support activities because of logistical problems.

IMPACT UPON SPECIAL PROGRAMS REFERRALS

One of the reasons for the systemwide adoption of an SST model for student support rather than the Assistance Team model was that ATs operated primarily as placement mechanisms for special education services. Problems were most frequently addressed in terms of whether or not children qualified for special programs. Administrators hoped that adoption of the SST model would stimulate broader discussion of alternative interventions for students and de-emphasize special programs placements.

As shown in Figure 9, *referrals of students for special programs declined in 1994-95 for all six I/P elementary schools and five of the six matched control schools*. Qualification rates (the percentage of students who were referred for testing and subsequently were found to qualify for a special program) went up for half of the schools in each group. Since changes were similar for both I/P grant schools and the control schools, it appears that the systemwide transition from an AT model to the SST model stimulated the changes, rather than involvement in the collaborative model provided by the I/P program.

Figure 9. Referrals for Psychological Evaluations and Special Program Qualification Rates for I/P and Matched Control Schools

School	Referrals		Qualification Rates	
	'93-'94	'94-'95	'93-'94	'94-'95
Cary	37	27	76%	85%
Penny Road	28	20	77%	85%
Creech Road	28	25	74%	88%
Vandora Springs	18	16	50%	88%
Lincoln Heights	21	20	58%	40%
Rand Road	18	23	67%	70%
Powell	11	8	72%	50%
Bugg	15	13	77%	69%
Smith	24	23	83%	91%
Vance	21	10	76%	70%
Zebulon	32	18	91%	83%
Wendell	42	22	83%	38%

Note: Control schools are shaded and placed following the school with which they were matched.

TIME COMMITMENTS

In the I/P elementary schools SST/CM intervention planning generally involved a wider range of professionals than had the previous Assistance Team model. In addition to participating in meetings, team members were frequently asked to personally oversee the implementation of student plans. Many staff members expressed concerns about time commitments, especially team members with classroom responsibilities, those with relatively inflexible schedules, and specialists who served multiple schools.

Spring 1995 Staff Survey responses shown in Figure 10 indicate that a larger proportion of I/P elementary staff perceived the SST/CM process as requiring too much time outside the classroom as compared to staff from matched schools (43% compared to 33%). A team member who worked in one I/P school and one non-grant school observed in an interview that SST meetings in the non-grant school involved comparatively brief student discussions with less emphasis on the planning of intervention strategies.

Figure 10. Elementary Staff Perceptions of Time Required for Referral of a Student to SST

Survey Item:		Responses:					(N)
		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
11. This year's procedures for referring a student to the SST require too much time outside the classroom	I/P	16%	27%	29%	26%	2%	194
	C	10%	23%	38%	24%	5%	215

Note: I/P = six grant elementary schools, C = six matched elementary schools

STAFF UNDERSTANDING OF SST/CM PROCEDURES

Even though the student referral process was revised significantly to encourage referrals based on non-academic concerns, SST/CM chairpersons reported many referrals appeared to have been delayed until academic problems clearly emerged. Although conservative approaches to referrals may have worked well for Assistance Teams which emphasized educational screenings, early identification and reporting of student concerns were preferred for the more proactive SST/CM process. Early identification enabled team members to explore many aspects of a student's situation by gathering background information from parents and other school staff and placing timely referrals to school and community specialists.

As many staff members noted, "assistance" for students and their teachers under the traditional (AT) model consisted of standardized screening of a student's performance, referral for psychological evaluation, and placement in special education programs for students who qualified. Team meetings were held after classroom strategies had been tried for six weeks and little or no progress was observed. In contrast, under the SST/CM model, educational screening and initiation of the special programs review process was *one of multiple strategies* planned for each student. Feedback and opinions of counselors, mental health professionals, social workers, as well as parents were considered during the intervention planning. In this new process team members frequently gathered additional information (e.g. home visits, medical check-ups) before pursuing psychological evaluations beyond basic educational screening.

As shown in Figure 11, approximately 57% of staff at the six grant-funded schools agreed that SST/CM procedures were clearly understood, while 22% disagreed and 22% were undecided. This varied only slightly from the percentage of staff at the six Control schools who were asked the same question.

Figure 11. Elementary Staff Perceptions of Understanding of SST Referral Procedures

Survey Item:		Responses					(N)
		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
10. This year's procedures for referring a student to the SST are clearly understood by teachers and staff.	I/P	11%	46%	22%	16%	6%	196
	C	12%	52%	21%	10%	5%	218

Note: I/P = six grant elementary schools, C = six matched elementary schools

STAFF COMPARISONS OF THE SST/CM AND ASSISTANCE TEAM MODELS

The spring '95 Staff Survey included items which explored staff opinions about the impact of the new SST model. Figure 12 compares the responses of staff in the six I/P schools and staff in the six matched control schools. *Staff in I/P schools saw greater use of school-based interventions and community resources than staff in the control schools.* As shown,

- I/P elementary staff were more likely to perceive the use of school-based interventions to have increased a lot or somewhat compared to staff in control schools (50% vs. 31%).
- While almost two thirds (61%) of I/P elementary staff reported increases in the use of community resources, only about one third (32%) of non-grant school staff perceived this type of change.
- Staff perceptions of changes in disruptive behavior and parent involvement were similar in both groups of schools, suggesting that grant participation did not appear to affect these conditions beyond what the systemwide adoption of the SST model may have contributed.

Figure 12. 1995 Staff Survey Respondents' Comparison of the SST Model Used in 1994-95 and the Assistance Team Model Used in 1993-94

Survey Items: "Compared to last year..."		Responses						
		Increased A Lot	Increased Somewhat	Remained The Same	Decreased Somewhat	Decreased A Lot	Don't Know	(N)
5. "the use of school-based interventions has	I/P	13%	36%	20%	6%	5%	19%	173
	C	7%	24%	30%	9%	6%	25%	186
6. "the use of community resources has"	I/P	22%	39%	17%	1%	1%	21%	176
	C	3%	28%	33%	3%	3%	29%	184
7. "disruptive behavior in this school has"	I/P	8%	23%	39%	21%	4%	5%	173
	C	11%	23%	32%	20%	2%	13%	185
8. "involvement of parents and families has"	I/P	4%	26%	46%	6%	2%	16%	173
	C	1%	26%	44%	7%	4%	19%	184

Note: I/P = six grant elementary schools, C = six matched elementary schools

Fall 1994 and spring 1995 surveys of staff who were in the six I/P elementary schools for at least two years suggest how the new SST/CM was compared to the AT model in regards to helping students. As shown in Figure 13, both models were perceived by about one third of staff (35% for AT and 30% for SST) as effectively helping students with academic concerns *almost always* or *most of the time*. Staff perceived both models to be similarly effective for behavioral concerns, although these positive outcomes were reported less frequently (20% for AT and 24% for SST). Over one third (35-48%)of respondents indicated that both the SST and AT approaches were effective only "sometimes", and approximately one fifth (16-25%) indicated that they did not know how effective the teams had been.

A significant difference in effectiveness between the two models was reported for students with family or home environment concerns. Over one fourth of staff (28%) reported the SST helped students almost always or most of the time while only 15% reported the AT model was effective for this type of concern.

Figure 13. Perceptions of Staff in Six I/P Schools Regarding the Effectiveness of SST/CM Compared to the AT Model

Survey Questions # 12,13,14: The (AT)(SST) was effective in helping students who had....		Responses: Almost Always	Most of the time	Sometimes	Almost Never	Do Not Know	(N)
academic problems	AT	5%	30%	42%	8%	16%	127
	SST	6%	24%	41%	9%	20%	173
behavior problems	AT	4%	16%	48%	13%	18%	128
	SST	4%	20%	35%	17%	24%	172
family problems	AT	0%	15%	44%	19%	22%	125
	SST	6%	22%	35%	12%	25%	171

Includes only responses of staff who were in the school at least two years.
Sources: AT: Fall '94 Intervention/Prevention Staff Survey
SST: Spring '95 WCPSS Staff Survey Form 4

Overall Effectiveness

The spring 1995 WCPSS staff survey asked all elementary staff to compare the effectiveness of the new SST process with the old AT process by responding to the statement that "The SST model more effectively assists students than the Assistance Team model." *Results presented in Figure 14 suggest only weak support for the SST by about one third of staff in all elementary schools, the six I/P schools, and the six Control schools, with slight differences favoring the SST/CM schools.* Approximately half of staff in all elementary schools were undecided when the survey was conducted. SST/CM schools had a lower percentage of undecided and higher percentages both agreeing and disagreeing with the statement. As shown, there was wide variance in the responses from specific SST/CM schools, with Lincoln Heights staff being the most positive and Zebulon the most negative regarding the effectiveness of the new process.

Figure 14. Percentage of 1995 Staff Survey Respondents Who Agreed That "The SST model more effectively assists students than the Assistance Team model."

Group or School	Agree	Undecided	Disagree
SST/CM Schools	38%	37%	25%
Matched Control Schools	33%	49%	18%
Other Elementary Schools	32%	50%	18%
SST/CM Schools			
Cary	39%	47%	14%
Creech Rd	29%	55%	16%
Lincoln Hts.	56%	34%	10%
Powell	34%	34%	31%
Smith	45%	23%	32%
Zebulon	12%	19%	69%

(Note: This table reports responses from both returning staff and those new to the schools.)

COMMUNICATION AND PARTICIPATION ISSUES

Effective implementation of the SST/CM required cooperation among a diverse group of individuals. School-based teachers, counselors, and specialists coordinated their efforts with WCPSS staff assigned to multiple schools (social worker, psychologist, IRT) and agency personnel (nurses, mental health clinicians, and mentors). In addition, they frequently worked together with people outside the school system including parents, private human service providers, and staff in community organizations.

Many SST/CM chairpersons noted that soliciting and supporting the involvement of all these people required a significant time commitment. In addition to one to three hours spent preparing for and facilitating weekly team meetings, the chairpersons estimated spending two to five hours per week in coordination tasks. These activities included communicating with parents and other team members, relaying information between school-based and community-based staff, and in many cases informally monitoring each student's progress and the implementation of planned interventions. In a few schools, regular meetings between principals, SST/CM chairpersons, and other student support specialists reportedly enhanced collaboration among school personnel by providing opportunities for sharing current information.

Although most staff viewed the inclusion of many professionals positively, most reported at least a few occasions when they experienced frustrations with logistical arrangements. A number of staff members who served multiple schools (e.g., nurses, social workers) described time conflicts between SST/CM team meetings at different schools that limited their participation, a situation they suggested might be reduced if team chairpersons jointly coordinated team schedules before or at the beginning of the school year.

Many staff members noted the importance of adequate communication practices and resources for effective implementation of student assistance strategies. School counselors, who had private phones, often served as intermediate points of contact between school personnel,

family members, and staff who served multiple schools. *A number of staff noted that communication was facilitated in one school where counselors had voice mail.* This resource was especially useful when timely transfer of very personal or sensitive information was needed. Although staff frequently relied upon school receptionists, some situations required more confidentiality.

Some team members reported that explicit team communication expectations and procedures improved collaboration. In particular, those who worked in multiple schools or in community agencies noted that advance distribution of team meeting agendas by fax helped them to be properly prepared for each meeting.

CASE MANAGEMENT AND DIVISION OF LABOR

Other collaboration concerns voiced by staff related to identifying efficient divisions of labor for gathering information about students' needs. Often a particular task could be performed by a number of specialists with similar skills. For example, home visits or family interviews were conducted by social workers, nurses, family support staff, and mentors. Similarly, classroom observations and certain educational screening procedures could be performed by different individuals with appropriate training. In one school, administrators promoted efficient use of staff resources by delegating screening activities to trained staff who were not members of the SST/CM.

While staff frequently noted the importance of "one person having the whole picture" of a child's situation, *most staff reported the provision of sufficient oversight was often difficult.* Most SST/CM chairpersons identified this area of team performance as one which needed significant development next year. As shown in Attachment 2, case management practices varied. While some staff members assigned to more than one school readily accepted these oversight roles, others viewed this expectation as unrealistic given their limited time availability and accessibility to school staff and parents. In most schools oversight of student progress was accomplished by informal sharing of information in team meetings or in separate discussions with SST/CM chairpersons.

ADMINISTRATIVE SUPPORT

All staff attested to the impact of leadership from principals in the SST/CM implementation process. Some principals regularly attended team meetings or smaller committee meetings with selected staff. In interviews many staff believed that *their principal's direct participation in team meetings positively influenced faculty impressions of the new model.* Principals' attendance at SST/CM training workshops reportedly encouraged ongoing administrative support and boosted team members' morale.

Some principals facilitated collaboration in other ways, such as giving some team members additional planning time, schedule flexibility, and arranging for classroom coverage. Administrative accommodation to the time requirements of SST/CM chairperson

responsibilities appeared particularly useful for chairpersons with significant classroom responsibilities (e.g., special education teachers).

SST/CM IN ALTERNATIVE SCHOOLS

LONGVIEW SCHOOL

Initially Longview staff believed that SST/CM collaborative intervention planning already occurred within their system of team-based educational methods. In this school individualized educational and behavioral plans were developed and monitored for each student by three independent staff teams, called "families", which meet weekly to review students' progress. The family system was introduced in 1994-95 in an attempt to promote the sharing of case management responsibilities among staff. However after attending SST/CM training in the spring, staff realized that a number of adaptations of the model would be needed to fully realize SST/CM objectives.

One adaptation involved the scheduling of meetings to effectively promote collaboration between school-based staff and the grant specialists (Home-School Facilitator, nurse and clinical social worker). It was often difficult for community-based team members to attend three separate family meetings each week because they served multiple schools. In response to these constraints, the SST/CM coordinator established a weekly "communication meeting" which brought together representatives of each family group, the community-based I/P specialists, school counselors, and the principal. This informal meeting appeared to provide opportunities for family representatives to identify student needs, and it allowed all staff to more efficiently coordinate school-based and community-based interventions. According to the SST/CM Coordinator, the development of more formalized referral and case management processes is planned.

Although detailed case records were not available for review, the Longview SST/CM chairperson noted team discussions most frequently addressed concerns about younger rather than older students and students who were assigned to Longview long-term rather than students with temporarily placements that lasted one month or less. Staff reported collaborating effectively with mental health staff and the clinical social worker, and they viewed the public health nurse as a new and particularly valuable resource provided by the grant.

MOUNT VERNON REDIRECTION SCHOOL

In this alternative middle school, SST/CM structure and procedures resembled those observed in the I/P elementary schools. Although weekly meetings were relatively informal, the school psychologist maintained written case records of intervention plans and staff implementation responsibilities. Students in crises and those who needed community-based resources received highest priority for discussion. Staff referred students after concerns were identified in daily meetings of the school's two grade-level teams. School-based staff availability for SST/CM meetings was very limited because of the small staff size (16 total) and required daily team

meetings. Availability was particularly limited in the spring because the student population tended to increase throughout the year.

According to the school psychologist, collaboration with community-based human service personnel greatly improved access of outside resources for students. He reported spending less time on student referrals to outside agencies because other team members (e.g., school social worker, mental health staff) obtained services for students more efficiently. Staff interview data suggest that WCMH mentors effectively assisted Mount Vernon Redirection students as well.

PHILLIPS HIGH SCHOOL

Phillips High School's SST/CM was an adaptation of their prior student assistance process know as "case management". The student referral process resembled the SST/CM model used in elementary schools in which teachers complete referral forms and supplemental information was gathered from other staff as needed. Two co-chairpersons, a school social worker and a special programs teacher, coordinated two types of meetings each week. On Tuesday afternoons a two-hour SST/CM meeting was held of school counselors, classroom teachers who referred students on the agenda, the CIS Coordinator, and the community-based I/P team members. On Thursday afternoons smaller case management conference meetings were held with students and parents to discuss academic concerns and interventions.

Staff reported that the separate Tuesday meeting was needed to allow coordination with community-based staff. Teachers did not participate as regular members of the SST/CM because of limited availability. Time constraints are related to the school's use of block scheduling (90 minute periods) and the fact that most members of their small staff had additional responsibilities outside of the classroom. Teachers participated in SST/CM meetings for students with whom they worked most closely, and supplemental information was solicited from others during the referral process.

As in the other alternative schools, implementation of the new support model involved adaptations related to other types of staff resources. One person noted that although the SST/CM concept emphasized instructional interventions, the school did not have an instructional resource teacher to provide this type of assistance. Another staff member suggested the support process would be enhanced by the participation of a full-time school psychologist. Finally, although some staff interviewed in March did not perceive the involvement of community-based personnel to have significantly improved their utilization of outside resources, they believed mental health mentors effectively served as positive role models and peer counselors in their school.

PHILLIPS EXTENDED ACADEMY

PROGRAM DESCRIPTION

STAFF AND OPERATING HOURS

The Intervention/Prevention Grant supported the expansion of Mary E. Phillips High School by funding two lead teachers, one full-time math instructor, a clerical assistant and custodial services to support classes during non-traditional hours. This alternative educational program, known as Phillips Extended Academy, operated between 3:00 and 8:00 pm Monday through Thursday during the 1994-95 year. It extended the school's daytime program which provides flexible, individualized educational opportunities for students at risk of school failure for reasons such as low achievement in regular school settings, suspensions, dropping out, teen pregnancy, and parenting or employment responsibilities. Evening enrollment was particularly targeted to students who had dropped out of other high schools for daytime employment or family commitments as well as students currently attending other WCPSS high schools who only needed one additional credit to graduate on time.

Extended Academy class schedules were structured in order to allow students to earn credits more quickly than in a regular high school program, up to 5.0 credits per semester. Two two-hour and one one-hour "block" classes were held four days per week (Monday-Thursday). Most evening courses were basic subjects required for graduation and the same as those offered in Phillips High School's day program. Other program features intended to promote student success included small class sizes (15 maximum), student services specialists such as the school social worker and a public health nurse, and specialized Communities-in-Schools classes, speakers, field trips, and Tutor-Mentors.

One factor that impacted the initial development and administration of the evening expansion was the relatively late (August) notification of grant approval. In personal interviews staff frequently mentioned planning difficulties that resulted from having a limited amount of time to recruit and hire additional staff, organize classes, and develop procedures and services specifically for the evening program.

While the Phillips principal oversaw daytime program operations, two part-time Lead Teachers sharing evening administrative responsibilities on site. Each worked two alternating six hour evenings per week. While no formal position descriptions were used, these teachers described functional responsibilities as including enrollment, attendance, discipline, and staff administration. They reported spending an estimated five hours per evening directly working with teachers and students. When asked about the efficiency of this arrangement, Lead Teachers indicated that shared administrative roles sometimes hindered communication with teachers. They suggested the development of two distinct administrative roles, such as a counselor to assist with enrollment and an assistant principal to attend to attendance and discipline matters.

STUDENT RECRUITMENT

During 1994-95, 151 students participated in the Phillips Extended Academy. This included 104 students attending only evening classes and 47 students who attended both regular day classes in another high school and evening classes at Phillips. While some students were personally referred by WCPSS staff, many were notified of the program during a mass mailing in the summer to students who dropped out of other WCPSS high schools during the previous year. Most registered for the fall semester in person on a space-available basis. The administrative delays noted above impacted student selection to the extent that they contributed to the use of an abbreviated application process during the Fall semester registration period. For students who applied previously to Phillips, the application process involved completing WCPSS data sheets if needed. Although students had personal interviews with staff, many did not complete the standard written application. When asked if this student selection process may have affected the type of students enrolled or attrition rates, program administrators reported that very few students dropped out the first semester. One administrator commented '...these students really wanted to be in school!'

RESOURCE CONSTRAINTS

Staff identified a number of resource limitations that they believed impeded daily operation of the Extended Academy. First, the compressed class schedule did not allow regular staff meetings to be held, and teachers and administrators reported frustration due to a lack of time to convene meetings. Most communication occurred between the Lead Teachers and the individual staff during or between classes.

A second resource limitation involved a lack of textbooks for evening students. Since the grant award did not include provisions for purchasing supplies, books had to be borrowed from nearby high schools. In some cases students were unable to take books home to complete class assignments.

EXPANSION OF COMMUNITIES IN SCHOOLS

One component of the Phillips evening program expansion was the Communities In Schools (CIS) Coordinator. The extension of this position from part-time to full-time allowed the total school CIS caseload to be doubled, from approximately 30 students in 1993-94 to about 60 in 1994-95. The CIS program is intended to provide a variety of motivational and enrichment experiences to at-risk students. CIS students are assigned Tutor-Mentors, trained community volunteers who commit to working with a particular student at least one hour per week for the entire school year.

In addition to supervising CIS classes and activities, the CIS Coordinator reported providing considerable individual assistance to students. The Coordinator alternated evening coverage with the help of a program assistant. When both were away from the program office, an answering machine received calls. Although this situation worked satisfactorily, she suggested

that communication could be improved if only one person served as a central contact person for students in the evening program. Coordinator responsibilities included interviewing students and mentors, completing CIS paperwork, communicating with students and their families, and providing referrals to other community agencies as needed. In addition, she served as a member of the school's Student Support Team, a group of school and community specialists who coordinate services for students experiencing academic or personal problems that may affect their school progress.

In a survey of Phillips students conducted near the end of the school year, approximately 40% of day students reported CIS involvement whereas about 26% of Extended Academy students participated in CIS. These figures should be interpreted cautiously because approximately one third of respondents in the evening group were dual-enrolled. These students may not have been interested in CIS participation because most attended the Extended Academy to obtain one or two supplemental credits needed for graduation, and they were eligible to participate in enrichment programs at their base schools.

All students in both programs who reported attending CIS classes rated them as helpful. Nearly all found the speakers and field trips to be helpful as well. All Extended Academy students who reported having Tutor-Mentors considered them to helpful (12 students), as did the vast majority of day students with mentors (19 out of 22 students).

STUDENT SUPPORT SERVICES

A number of student support services provided during the Phillips day program were available to students during the evening hours. Guidance counseling was available from one Lead Teacher who worked alternate evenings; students' requests for assistance were referred by the other Lead Teacher as they were received. Some students who attended classes during the late afternoon had limited access to other support personnel, such as the Industrial Education Counselor who extended her hours from 3:00 pm to 6:00 pm one night per week. A public health nurse, funded by the Intervention/Prevention Grant, worked a flexible schedule that included evening hours as needed one day per week as well. Although the school did not have a full-time psychologist, the school social worker was on-site one evening per week. This social worker estimated that only a small number of her total cases were Extended Academy students. The Child Care Center did not operate during Extended Academy hours.

Data from the Student Survey suggest some differences between day and evening utilization of these services. All support services were used by larger percentages of daytime students. To a certain extent, these differences probably reflect greater staff availability during regular school hours as well as the fact that about one third of evening students were dual-enrolled, in which cases they had access to similar services in their base schools. In both programs relatively large proportions of students reported using the guidance counselor and industrial education counselor, although twice as many day students reported taking advantage of these student service professionals.

Noteworthy program differences appear with respect to use of the Social Worker and RAP (discussion) groups, peer support groups she coordinated. Among day students, two-thirds reported contact with the Social Worker and about one third reported participating in RAP groups. However, among evening students, only small percentages reported these experiences (16.7% and 12.2 % respectively). The Social Worker described her schedule as flexible but limited. She was available to meet with some Extended Academy students during afternoon hours as well as during one night per week. Although the extent of additional counseling needs cannot be determined from these data only, the fact that two-thirds of the evening program respondents are unlikely to have access to school-based services suggests further exploration of student counseling needs may be warranted.

Larger percentages of day students reported contact with the nurse as well, about one third, as compared to about one-fifth of the evening students. Slightly over one fourth of day students (17) reported using the child care center.

STUDENT SURVEY RESULTS

STUDENT PERCEPTIONS OF SCHOOL SAFETY

As shown in Figure 16, about two thirds (68%) of respondents in the day program and about half (51%) in the evening program *agreed* or *strongly agreed* that their school was 'a safe place to learn'.

Figure 15. Phillips Student Perceptions Regarding School Safety

Survey Item		Responses (Percent Giving Each Answer)					(N)
		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
17. This school is a safe place to learn.	All	15.6	45.0	30.3	6.4	2.8	109
	Day	22.0	45.8	22.0	6.8	3.4	59
	PM	6.4	44.7	40.4	6.4	2.1	47
18. Students who threaten or fight with teachers are a serious problem at this school.	All	23.2	13.4	27.7	23.2	12.5	112
	Day	20.3	15.3	23.7	27.1	13.6	59
	PM	26.0	10.0	34.0	18.0	12.0	50
19. Students who threaten or fight with students are a serious problem at this school.	All	27.3	20.0	20.0	23.6	9.1	110
	Day	28.1	19.3	15.8	26.3	10.5	57
	PM	26.0	22.0	26.0	18.0	8.0	50

By comparison, 53% of all WCPSS high school students surveyed in Spring 1994 responded similarly, including 53% of Phillips students. Approximately 51% of Extended Academy students agreed that their school, which they attended during late afternoon and evening hours, was a safe place to learn, a response rate similar to all WCPSS high school students in regular education daytime program. It is noteworthy that almost twice as many evening students compared to day students responded *undecided* for this question (40% compared to 22%). Although the Extended Academy employed a security guard and advised students to take

personal responsibility for their safety at all times, it appears that a significant percentage of evening students may have had safety concerns.

REASONS FOR ENROLLMENT

Data from the Phillips Student Survey reveal that Extended Academy students and daytime students reported similar reasons for attending this alternative high school, most importantly low grades, attendance, and discipline problems at other schools (responses chosen by about half of all respondents.) Smaller percentages of evening students cited program characteristics such as small class size, small school environment, block scheduling, discipline problems, and caring teachers as compared to those enrolled during the day.

About one fourth of evening program respondents mentioned the need to earn only one credit to graduate as a reason for enrollment, compared to about 15% of day students. Almost one third of day students cited pregnancy or parenting responsibilities, compared to only about 14% of evening student respondents. Only a few students in both programs reported employment responsibilities, the child care center, or the CIS Tutor-Mentor program as factors that motivated their application.

STUDENT PERCEPTIONS OF SCHOOL EFFECTIVENESS

Overall, students believed Phillips High school was very effective. About three out of four student survey respondents (77%) agreed or strongly agreed that the school "effectively helps students meet their educational goals" (question 15). As shown in Figure 15, ratings of day and evening students were quite similar. Almost one third (35%) of Extended Academy students strongly agreed with the statement, while only 2% reported disagreement of any type.

Figure 16. Phillips Students' Perception Regarding How Well the School and Staff Met Students' Needs in 1994-95

Survey Item		Percentage of Respondents Choosing Each Response:					(N)
		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
14. My teachers try to meet my individual educational needs.	All	29%	45%	18%	7%	1%	114
	DAY	30%	43%	20%	7%	2%	61
	PM	30%	44%	18%	8%	0%	50
15. This school effectively helps. students meet their educational goals	All	32%	46%	18%	3%	2%	111
	DAY	29%	49%	15%	5%	2%	59
	PM	35%	41%	22%	0%	2%	49

Students seemed highly satisfied with their personal academic programs at Phillips High School. The vast majority of day students (85%) and slightly under three fourths of evening students (72%) indicated their belief that they were more successful at Phillips than they would be at another school. In addition, the vast majority of day students and nearly all evening students indicated they would recommend their school to other students.

Phillips High School features considered important to success varied between student groups. As shown in Figure 17, small class size was most frequently reported as "very important" by day students (67%), while among evening students it ranked second (49%). In both programs individual instruction was the third most frequently cited success factor (54% of day students and 45% of evening students).

Figure 17. Phillips High School Student Opinions Regarding The Importance of Various School Components

Question #11: How important are each of these to your academic success?		RANK	Responses (Percent Giving Each Answer)				(N)
			% Very Important	% Somewhat Important	% Not Important	% Undecided	
small class size	ALL	1	58.9	31.8	8.4	0.9	107
	DAY	1	67.2	27.6	5.2	0.0	58
	PM	2	48.9	36.2	12.8	2.1	47
block scheduling	ALL	2	54.4	26.2	11.7	7.8	103
	DAY	2	66.7	26.7	5.0	1.7	60
	PM	4	37.5	22.5	22.5	17.5	40
evening classes	ALL	4	51.0	19.2	22.1	7.7	104
	DAY	7	31.5	16.7	37.0	14.8	54
	PM	1	72.3	23.4	4.3	0.0	47
child care center	ALL	6	34.4	7.5	40.9	17.2	93
	DAY	4	42.3	5.8	36.5	15.4	52
	PM	6	25.6	7.7	46.2	20.5	39
school counselors	ALL	5	35.0	30.0	26.0	9.0	100
	DAY	5	38.2	36.4	21.8	3.6	55
	PM	5	31.0	21.4	31.0	16.7	42
individual instruction	ALL	3	51.5	33.7	9.9	5.0	101
	DAY	3	53.6	30.4	12.5	3.6	56
	PM	3	45.2	40.5	7.1	7.1	42
CIS Tutor-Mentors	ALL	7	29.9	21.6	34.0	14.4	97
	DAY	6	35.2	20.4	33.3	11.1	54
	PM	7	20.0	25.0	35.0	20.0	40

Almost two thirds (67%) of day students viewed block schedules as *very important* compared to only 38% of evening students. This result suggests that many evening students may not view the Extended Academy's compressed class calendar as necessary for their academic progress.

Among evening students, evening classes was the most frequently reported success factor, with slightly under three fourths (72%) citing evening classes as *very important*. Among day students one third (32%) viewed this factor as *very important*. Although a few day

respondents may be noting their current participation in one evening class, this figure may also indicate that a significant proportion of day students value the availability of evening classes as desirable option for future semesters. Smaller percentages of students in both programs cited other factors such as school counselors (35%) and CIS Tutor-Mentors (30%), as *very important* to their academic success.

Although the child care center did not operate in the evening during the year, thirteen Extended Academy students identified this service as *very* or *somewhat important* for their success. Some of these respondents also may have been enrolled in the day classes and utilized it during those hours. A school administrator noted that she was aware of a number of students who could benefit from an evening child care program, including three who applied, but they were not able to locate enough clients to financially support caregiver costs. As in the case of day students who viewed evening classes as important, students who do not currently utilize a program resource may nevertheless believe it to be valuable because it may assist them in future. Students who are currently pregnant or who use other child care arrangements might consider using the center as their personal situations change.

CONCLUSIONS AND RECOMMENDATIONS

Efforts to develop more effective interventions for at-risk students that were undertaken during the first year of the Intervention/Prevention grant experienced mixed success. Important accomplishments included the following:

- Multi-disciplinary teams were established in six elementary schools to discuss students that were identified by teachers and parents as having problems. The focus of the teams did seem to shift away from special programs placement toward increased attempts to modify classroom practices and develop family and/or social service interventions.

- Closer working relationships were established between school personnel and county agency personnel, particularly through the establishment of relationships between students and adult mentors hired and trained by the County Department of Mental Health.

- An evening program was implemented at Phillips High School that seemed to meet the needs of more than 50 students who might otherwise have dropped out of school or failed to re-enter school after previously dropping out.

Significant difficulties were encountered in implementing the I/P grant. Some of those difficulties were related to the late date of notification of receipt of the grant which did not allow hiring of staff and implementation of activities to occur until after the beginning of the school year. Other difficulties were related to what appeared in retrospect to be unrealistic expectations in the language of the grant application. Shortcomings in implementation included the following:

- Attempts to develop an intervention process common to all schools meant that training activities could not address the unique site-specific needs of the participating schools. At the same time, a desire to recognize and allow differences between schools meant that wide variation existed between schools in terms of SST/CM involvement and operations.

- No provision was made for training of entire school faculties, which meant that while SST/CM team members developed a common language for intervention, the new process was not well understood by a significant portion of staff who did not attend the SST training.

- School personnel were often unprepared to work collaboratively with mentors assigned by Mental Health case workers. Lack of clarity regarding the role and expectations for mentors led to wide variation between schools in the effectiveness of the mentors.

- Although staff provided extensive counseling and support to identified families, Family Support efforts reached only a small number of families, and efforts to develop group interventions such as classes or support groups met with limited response.

The following recommendations are made for the second year of the Intervention/Prevention grant:

1. Site-specific school staff development needs should be assessed early in the academic year, and training activities designed that are appropriate for specific schools. Support should be given for schoolwide training when necessary and appropriate.

2. I/P staff and school principals should work to resolve difficulties related to SST/CM operations, including scheduling conflicts, case management responsibilities, and communications strategies.

3. Voice-mail should be provided for SST chairpersons in order to promote timely transfer of confidential information.

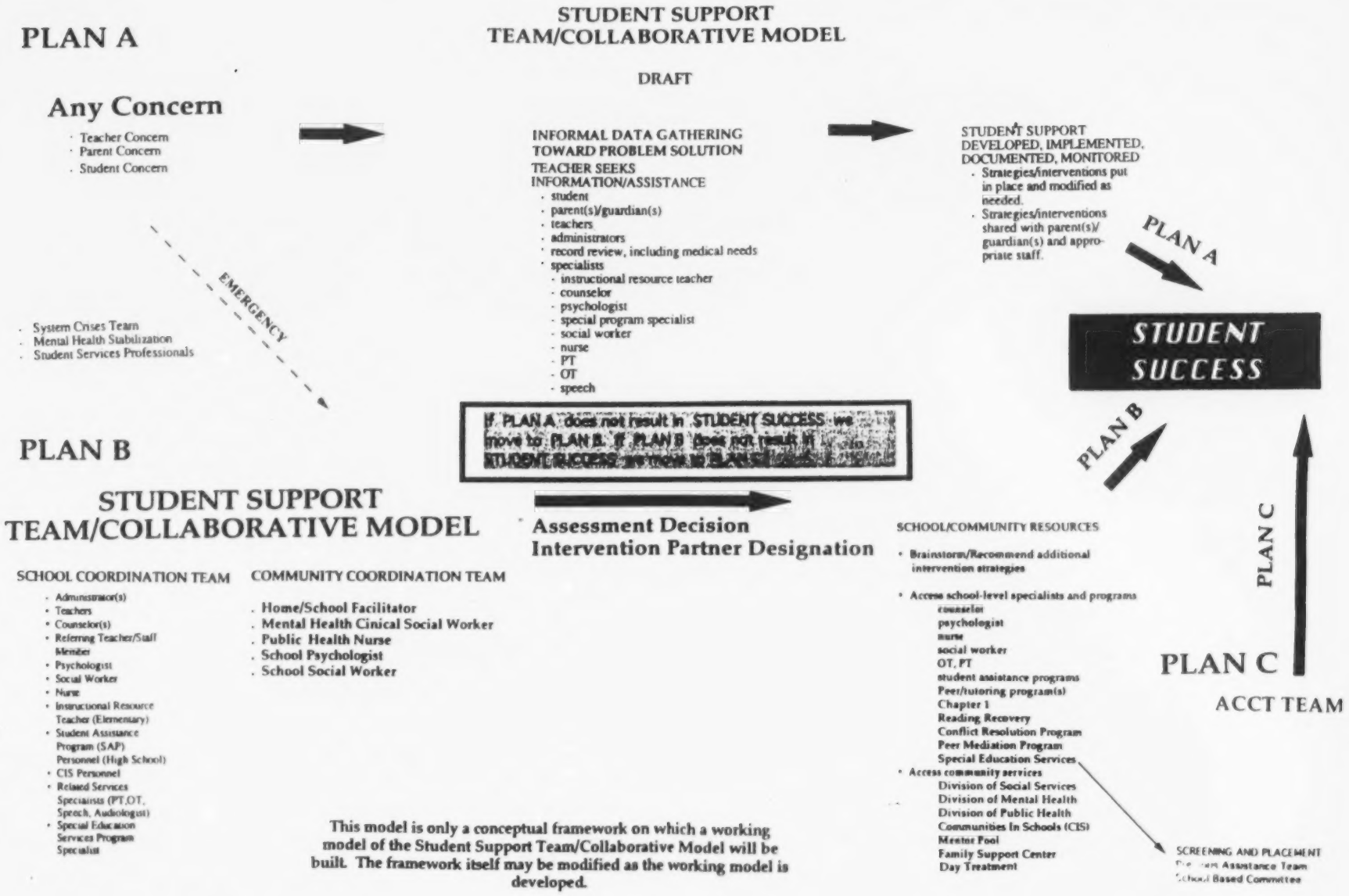
4. Program staff and evaluators should monitor closely the responsibilities and involvement of individual SST/CM team members and attempt to assess the extent to which SST/CM participation enhances or detracts from the performance of other teaching and administrative tasks.

5. Program staff should work closely with staff from the Wake County Department of Mental Health to define the role and responsibilities of mentors. Training activities that are appropriate for both paid mentors and volunteer mentors should be collaboratively developed, so that when grant-supported positions are not available, other sources of mentors can be developed.

6. Program staff and SST/CM team members should work to identify mechanisms that allow and encourage greater parent participation. Since one-on-one consultation is very expensive, ways to successfully implement both small group and large group family support activities should be identified, along with ways to establish links with other community agencies that could provide the support needed by some families.

7. Phillips Extended Academy staff should work to improve communication and meeting times for evening staff, and establish procedures needed to obtain necessary textbooks in a timely manner. Staff should continue to study evening students' needs for special support such as access to the social worker and access to child care.

Attachment 1. A Flowchart for SST/CM Implementation



This model is only a conceptual framework on which a working model of the Student Support Team/Collaborative Model will be built. The framework itself may be modified as the working model is developed.

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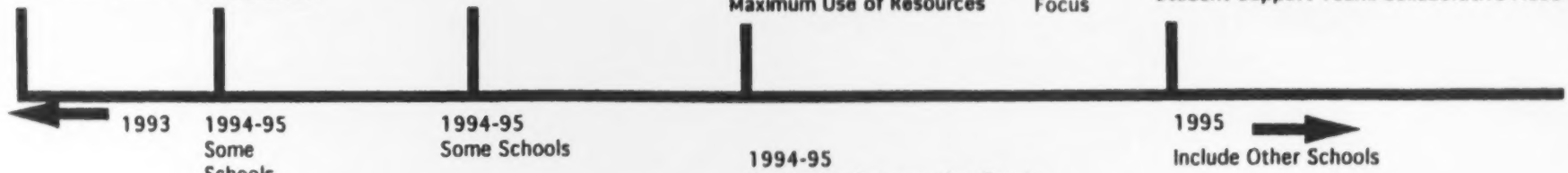
STUDENT SUPPORT TEAM CONTINUUM



1994-95
Prevention/Intervention Grant
6 Pilot Schools Developing Model

- Cary Elementary
- Creech Road
- Lincoln Heights
- Powell
- Smith
- Zebulon

3 Alternative Schools

- Longview
- Phillips
- Mt. Vernon

These schools will be funded by the Intervention/Prevention Grant to Develop and pilot the Student Support Team/Collaborative Model

OBJECTIVES FOR 1994-95

- Develop and pilot a new Student Support Team Model in 6 pilot Elementary schools and 3 alternative schools
- Support all schools as they move their Student Support Team to ward a strong intervention , problem solving focus
- Develop a procedures manual for the Student Support Team Collaborative Model
- Develop a comprehensive training plan which will be available to all schools in 1995-96
- Meet with chairs of Student Support Teams in all schools by level to support efforts, share model components, and work toward a sharing across the system.

"What children can do with the assistance of others might be... even more indicative of their mental development than what they can do alone."

Lev Vygotsky

Attachment 2. Comparison of SST/CM Practices and Procedures in Six I/P Elementary Schools in 1994-95

School	Organization/ Membership	Meeting Frequency	Meeting Time	Teacher Involvement	Parent Involvement	Instructional Strategies Review	Referral Process	Case Follow-Up Methods
Cary	9 regular members 2 school counselors served as Co-Chairs	Weekly	3.5 hrs (30-45 min per student)	Teacher consulted with grade level buddy before SST referral. Grade level representatives served as SST liaisons. Teacher usually present at SST meeting and involved in student intervention plan.	Parents usually at meeting (in estimated 50-75% cases). Parents could initiate SST referral.	Teacher sought advice from grade level buddy and grade level team. Strategies implemented and reviewed before SST referral. CCR teachers (3) attended SST meeting on a rotating basis. Staff expertise and resources identified in SST meeting.	May be referred by a staff member or by parent request. After instructional strategies reviewed teachers requested SST meeting and completed referral form.	Team members responsible for implementing specific tasks in each student plan. Update discussions were held by team within one month time period.
Creech Road	2 sub-committees: SST-A for academic concerns (5 members), Chaired by Spec. Prog. teacher, Spec. Programs screening and referrals handled via this group. SST-STAR for behavioral concerns (10 members including Community Coordination Team). Chaired by school counselor.	Twice per month (each team).	Time per student varied.	Grade level representatives (3 in each group) met initially with classroom teachers. SST-A: teacher met with SST to discuss educ. screening results. SST-STAR: teacher met with SST to develop interventions.	Classroom teachers contacted parents to obtain information about home situation needed for referral process.	SST-A discussed classroom strategies with teacher during meeting. SST-STAR assigned a teacher buddy to each student.	Classroom teacher completed a referral form and met individually with grade level representative. Representative placed student on SST agenda. If SST-A case, educational screening process was initiated..	SST-STAR: each child was assigned a Case Manager who monitored progress, with teacher- buddy and maintained a case log.

Attachment 2. Page 2

School	Organization/ Membership	Meeting Frequency	Meeting Time	Teacher Involvement	Parent Involvement	Instructional Strategies Review	Referral Process	Case Follow-Up Methods
Lincoln Heights	21 members; two Co-chairs (one regular educ. teacher and one Special Programs teacher) supported by stipends. Meetings facilitated by school counselor.	Weekly	50 minutes; two students discussed per meeting.	Teacher first consulted with grade level buddy and contacted parents before SST referral. Teacher and grade level buddy jointly presented case to the SST.	Parents had initial contact with teacher. Additional meetings with small group of specialists based on child's needs. They did not attend SST meeting because team was large.	Classroom teacher consulted with grade level teacher buddy to develop strategies. IRT served on SST.	Teacher first consulted with grade level buddy. New strategies tried for a while before referral to SST.	Grade level teacher buddies followed up in subcommittee meetings. If Spec. Educ. referral was made, case was assigned to one of three Spec. Educ teachers.
Powell	12 members; Chaired by school counselor; Three teacher positions supported by stipends	Weekly	One hour; time managed strictly.	All elective and activity teachers who worked with a child were asked to describe the child's experiences in each period of the day on the SST referral form. (GT magnet program).	Parent contacted by classroom teacher or school counselor. First SST meeting did not require parents present. In many cases parents met with a smaller group (2-3 staff).	Instructional Strategy Planning Process used (adapted from grant training workshop). IRT not an SST member.	Teacher contacted parents and circulated a referral form to all staff who work with student. This information was given to SST to assist discussion and planning.	Case manager assigned during SST meeting. Most members served as case managers. Update discussions planned for future meetings.

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Attachment 2. Page 3

School	Organization/ Membership	Meeting Frequency	Meeting Time	Teacher Involvement	Parent Involvement	Instructional Strategies Review	Referral Process	Case Follow-Up Methods
Smith	14 members. Chaired by Special Education (BEH) teacher.	Twice per month early in year Weekly after mid-year.	About 2 hours	In first SST meeting, SST and teacher developed instructional strategies that were tried for six weeks.	Parent conference requested after second SST meeting if educational screening was recommended.	Teacher met with grade level representative to brainstorming instructional methods. These were implemented and monitored for six weeks before SST referral was considered.	Classroom teacher contacted grade level representative to schedule instructional strategy (SST) meeting.	Update SST discussions were planned .
Zebulon	10 members. Chaired by Special Education teacher.	Weekly	1.5 hours average	Teacher consulted with grade level team first. If SST referral made, teacher participated in meeting. Three classroom teachers served as grade level reps.	Parents informed at every stage of SST process. Invited to participate in SST meeting.	Teacher consulted with grade level team. Results of "STAR' student appraisal form and teaching style inventory were reviewed by SST for each child. IRT not a SST member.	Teacher consulted with grade level team. Decision to refer made jointly with SST grade level representative. Teacher presented concerns to SST.	Case Manager was assigned in SST meeting. Case Manager monitored progress and presented update reports to SST.

EVALUATION REPORT:
1994-95 INTERVENTION/PREVENTION GRANT

CAN INTERAGENCY COLLABORATION IMPROVE STUDENT ASSISTANCE EFFORTS?

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